

SURNAME: _____	Medication		
FORENAMES: _____		Strength (one record for each strength)	
ADDRESS: _____	Frequency of patch change (please tick)	<input type="checkbox"/> 1 day	<input type="checkbox"/> 3 days
URN: _____ DOB: _____		<input type="checkbox"/> 7 days	<input type="checkbox"/> Other (state)

See the below table and body map for appropriate administration sites for different transdermal patches

Medication	Appropriate application sites				Usual frequency of patch change	Interval before using same area of skin
Buprenorphine (CD)	Yes	Yes			4 days (Transtec®) 7 days (Butrans®)	7 days (Transtec®) 28 days (Butrans®)
Fentanyl (CD)	Yes	Yes			3 days	7 days
Glyceryl Trinitrate	Yes	Yes			1 day	7 days
Hyoscine Hydrobromide	Behind Ear				3 days	3 days
Lidocaine	Site of pain				1 day (12 hours on / 12 hours off)	Not applicable
Nicotine	Yes	Yes	Yes	Yes	1 day	7 days
Rivastigmine	Yes	Yes	Yes		1 day	14 days
Rotigotine	Yes			Yes	1 day	14 days

Administration:

- Confirm old patch is removed **before** administering a new patch.
- Discuss application site with patient (where appropriate) to ensure the area of body used is acceptable to them.
- Apply patches to clean, unbroken, dry skin preferably on a non-hairy area. If needed cut hair with scissors, do **not** shave area.
- Avoid areas that are red, irritated, irradiated, damaged or where large scars are present.
- Do not use soaps, oils, lotions, heat or any other agent that might irritate the skin or alter the patch site.
- If needed use Micropore® surgical tape, or a Tegaderm® dressing to secure the patch in place.
- New patches should be applied on a different location to the previous patch (i.e. rotate site), **not** applicable for Lidocaine.
- Write date and time of application on each patch.

Monitoring:

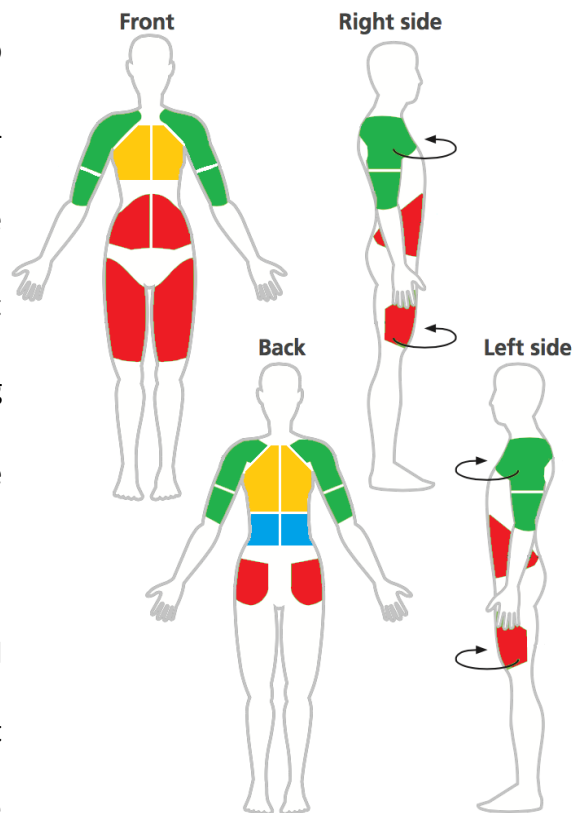
- In-patient settings - check to confirm patches are still in-situ and intact **twice daily** (morning and evening).
- Community - check to confirm patches are still in-situ and intact on **each visit**.
- If there are any problems, document the action taken in the patient's record. Seek medical advice if needed.

Disposal:

- Fold used patches in half (sticky sides together) and dispose of them securely in a sharps bin.

Controlled Drug's (CDs):

- Monitoring checks can be completed by **one nurse** (or a trained and competent **HCA** in community).
- In-patient settings - CD patch administration and disposal should be in the presence of **two nurses**.
- Community – it is accepted only **one nurse**/trained and competent **HCA** may be available to complete task.

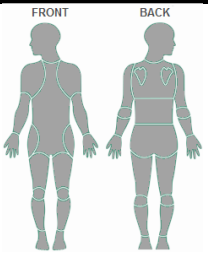
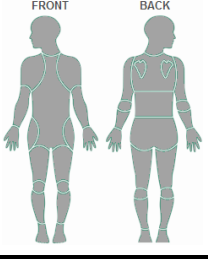
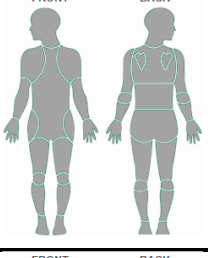
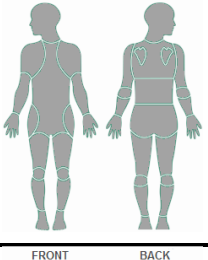
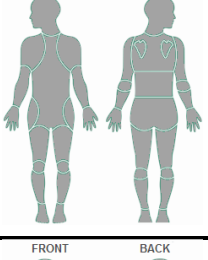
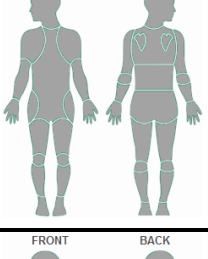
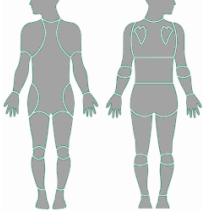


Body map of application sites

Refer to the data sheet of the individual medications for more information

PATIENT'S NAME DATE OF BIRTH URN

This is an administration record for monitoring purposes only
Transdermal medications MUST be prescribed on a medication administration record

Patch Location (mark with 'X')	Date	Time	Initials	Monitoring				Action / Comments	
				Date	Morning		Evening		
					Time	Initial	Time		Initial
	Patch Application*								
	Patch Destruction*								
	*Witness needed for CD (in-pt)								
	Patch Application*								
	Patch Destruction*								
	*Witness needed for CD (in-pt)								
	Patch Application*								
	Patch Destruction*								
	*Witness needed for CD (in-pt)								
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	*Witness needed for CD (in-pt)								